

1 Montie S. Day, Attorney (Cal Bar No. 73327)  
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5 Attorney for Petitioner

6  
7 UNITED STATES DISTRICT COURT  
8 FOR THE NORTHERN DISTRICT OF CALIFORNIA  
9

10  
11 DUANE JOHNSON,  
12 Plaintiff/Petitioner,

13 vs.

14 UNITED STATES OF AMERICA,  
15 Defendants.  
16

} Case No. C-07-3563

} PROOF OF SERVICE

17 I, Montie S. Day, declare:

18 Pursuant to Rule 4 of the Federal Rules of Civil Procedures, I served the following  
19 document upon the defendant by serving by certified mail, return receipt addressed to the  
20 following:

21 Civil Process Clerk  
United States Attorney  
22 450 Golden Gate Avenue,  
P. O. Box 36055  
23 San Francisco, CA 94102

24 Attorney General, Dept. Of Justice  
Western Region  
25 P. O. Box 683 Ben Franklin Station  
Washington, DC 20044  
26

27 The following documents were served:  
28

1 Petition to Quash Summons

2 Summons in Civil Case

3 Standing Order (Note CMC date October 16, 2007)

4 Notice of Assignment of Case to U.S. Magistrate Judge for Trial (with  
5 attachments)


6 Certificate of Non-Party Interested Entities)

7 ECF Registration Information Handout

8 The return receipts were returned to the undersign, copy of which are attached  
9 hereto as Exhibit A.

10 A copy of this proof of service with attachments are served this date upon the  
11 defendants by U.S. Mail, addressed as shown above.

12 I declare under the penalties of perjury that the foregoing is true and correct, and that  
13 I have executed this declaration at Shoshone, State of Idaho, on July 21, 2007.

14   
Montie S. Day, Attorney

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Received by (Please Print Clearly) <i>Krista Bova</i> B. Date of Delivery <i>7/17/07</i></p> <p>C. Signature <i>Krista Bova</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>CIVIL PROCESS CLERK UNITED STATES ATTORNEY 450 GOLDEN GATE P.O. BOX 36055 SAN FRANCISCO, CALIF. 94102</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Copy from)</p> <p>7005 0390 0005 6609 0549</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

EXHIBIT A

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ATTORNEY GENERAL, DEPT. OF JUSTICE  
 Western Region  
 P.O. Box 683 Ben Franklin Station  
 Washington DC 20044

2. Article Number (Copy from se

7006 2150 0000 9836 3989

## COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

JUL 17 2007

☐ Agent☐ Addressee

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes